

Alcohol, Drugs & Addictive Behaviours: An update from the World Health Organization



Albatros conference
Evidence-based impact:
Research, Practice, Progress
9 June 2026

Plenary 1: “ Addictions around the world”



**World Health
Organization**

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World Health Organization

Specialized health agency of the UN system: WHO's mission is to promote health, keep the world safe, and serve the vulnerable. Access to affordable and adequate health care is a human right and **universal healthcare** is a key principle guiding WHO's work.

Six Regional offices + HQ

150+ country offices

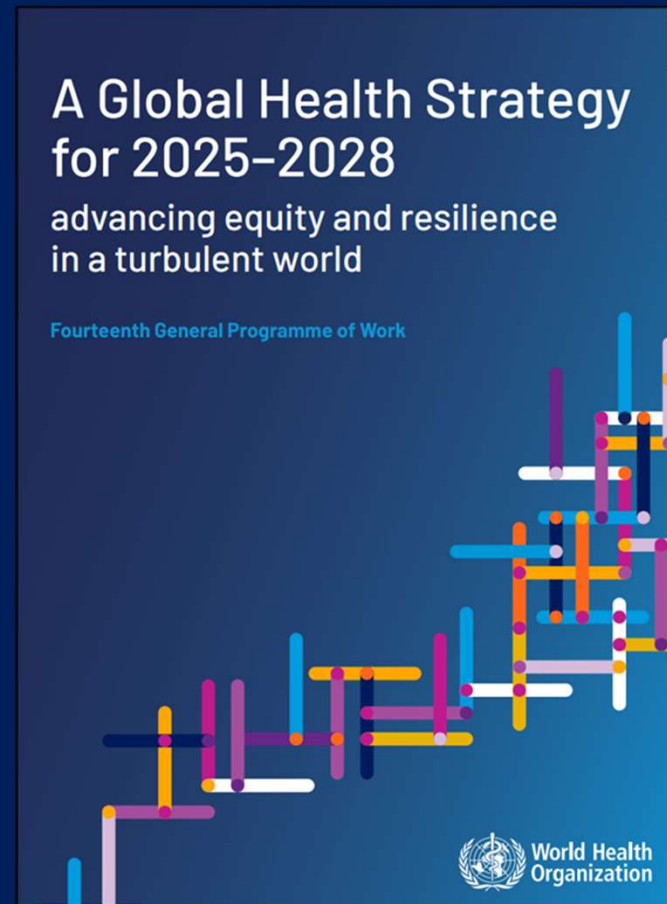
Promote, provide and protect



A Global Health Strategy for 2025–2028

advancing equity and resilience in a turbulent world

Fourteenth General Programme of Work



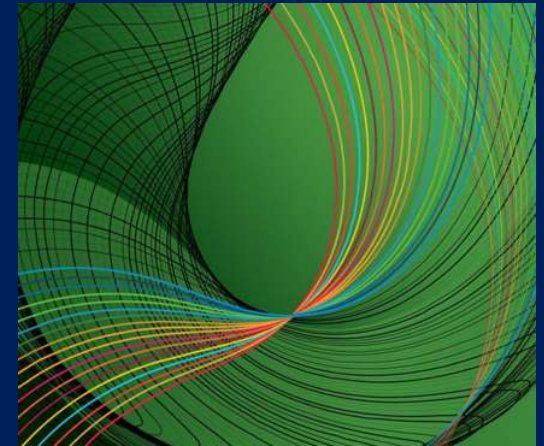
All for Health, Health for All

Investment case 2025–2028

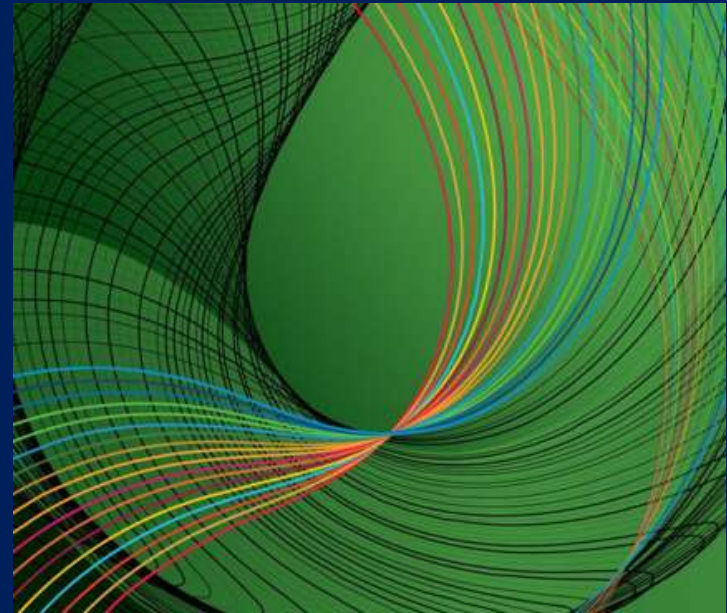


Overview of presentation

1. **Global monitoring**: alcohol, substance use treatment, addictive behaviours
2. **Alcohol**: International commitments, Data, SAFER initiative to reduce alcohol related harm
3. **“Drugs” (Prevention and management of substance use disorders)**: International commitments, Data, Recent priorities
4. **Addictive behaviours (gambling and gaming)**: International commitments, Data, Updates on work of the ADA team
5. **Final reflections**



1. Global monitoring: alcohol & health & substance use treatment & addictive behaviours



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Global mandate

- **World Health Assembly (WHA) resolutions** (WHA58.26, WHA63.13, WHA75.11), the **Global strategy to reduce the harmful use of alcohol (2010)** and **Global alcohol action plan 2022-2030**
- WHO is custodian for SDG indicator 3.5.2. (Alcohol per capita consumption)
- WHO is co-custodian for SDG indicator 3.5.1. (Coverage of SUD treatment interventions)



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Organization



Ensure healthy lives and promote well-being for all at all ages

Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

Indicator 3.5.1. Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders.

Indicator 3.5.2. Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol.

SDG 3.5. Global Survey to Member States

Last round of data collection included 3 modules:

- Alcohol and health
- Substance use treatment service capacity (**since 2019**)
- Addictive Behaviours (**new 2023**)

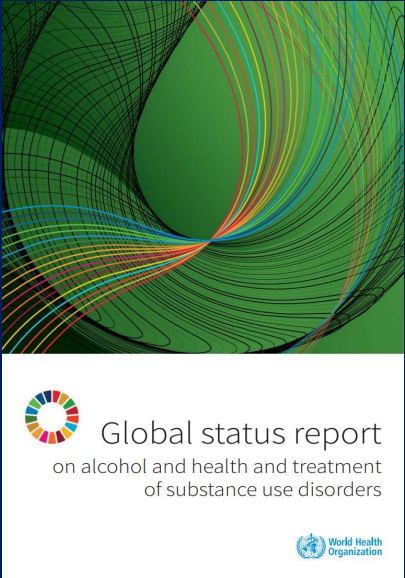
GLOBAL SURVEY ON PROGRESS WITH SDG HEALTH TARGET 3.5 (2023)

**GLOBAL SURVEY ON PROGRESS
WITH SDG HEALTH TARGET 3.5 (2023)**

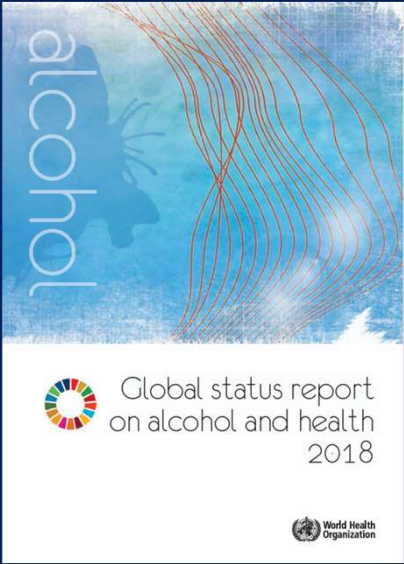
GLOBAL SURVEY
ON PROGRESS ON SDG HEALTH TARGET 3.5 (2023)
SECTION ON SERVICE CAPACITY

GLOBAL SURVEY
ON PROGRESS ON SDG HEALTH TARGET 3.5 (2023)
SECTION ON ADDICTIVE BEHAVIOURS

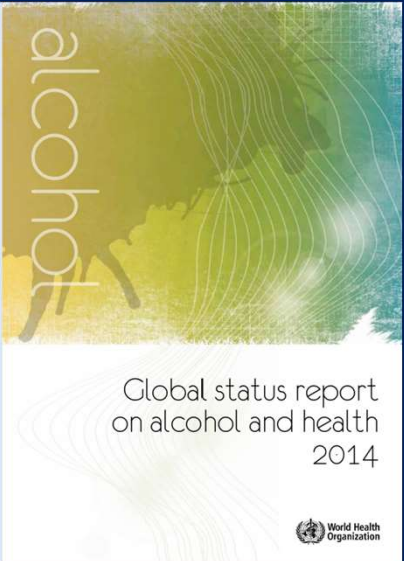
Global status reports on alcohol & health & treatment of substance use disorders



2024



2018



2014



2011



2004



2027: Next report with new chapter on addictive behaviours expected

Global status report on alcohol and health and treatment of substance use disorders

Alcohol consumption, alcohol-related harm and policy responses

- Global status and trends in alcohol consumption (SDG 3.5.2 indicator)
- Global status and trends in the health consequences of alcohol consumption
- Alcohol policies

Strengthening treatment for substance use disorders: towards universal health coverage (new since 2024 report)

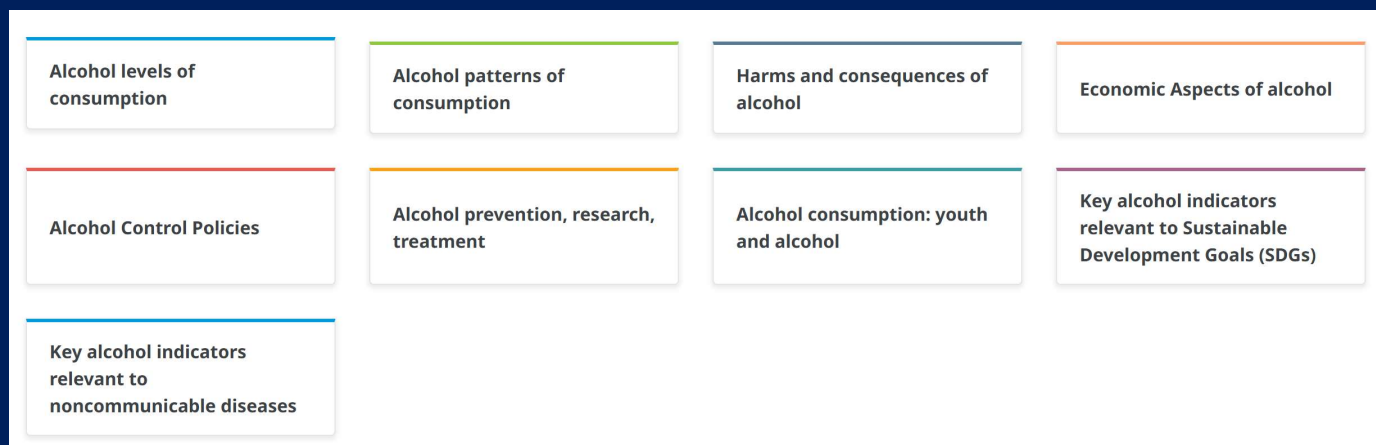
- Treatment of substance use disorders
- Treatment coverage and Service Capacity Index (SCI) for substance use disorders



2024

Global Information System on Alcohol and Health (GISAH)

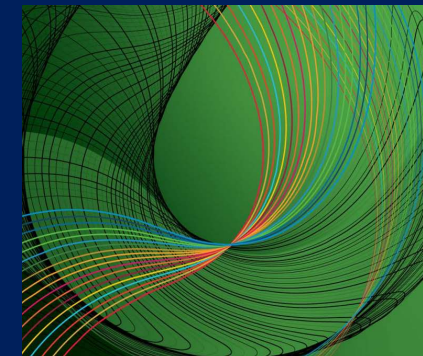
- Integrated in WHO Global Health Observatory
- **GISAH currently being updated**



Data on SUD treatment contact coverage

- Only 17 countries confirmed an estimate of contact coverage
- Treatment contact coverage data:
 - For alcohol use disorders ranges from <1% to max 14%
 - For drug use disorders ranges from <1% to max 35%

$$\text{Contact Coverage} = \frac{\text{Number of people utilizing services}}{\text{Number of people in need (SUD prevalence)}}$$



Global status report
on alcohol and health and treatment
of substance use disorders



WHO, Global status report on alcohol and health and treatment of substance use disorders, 2024

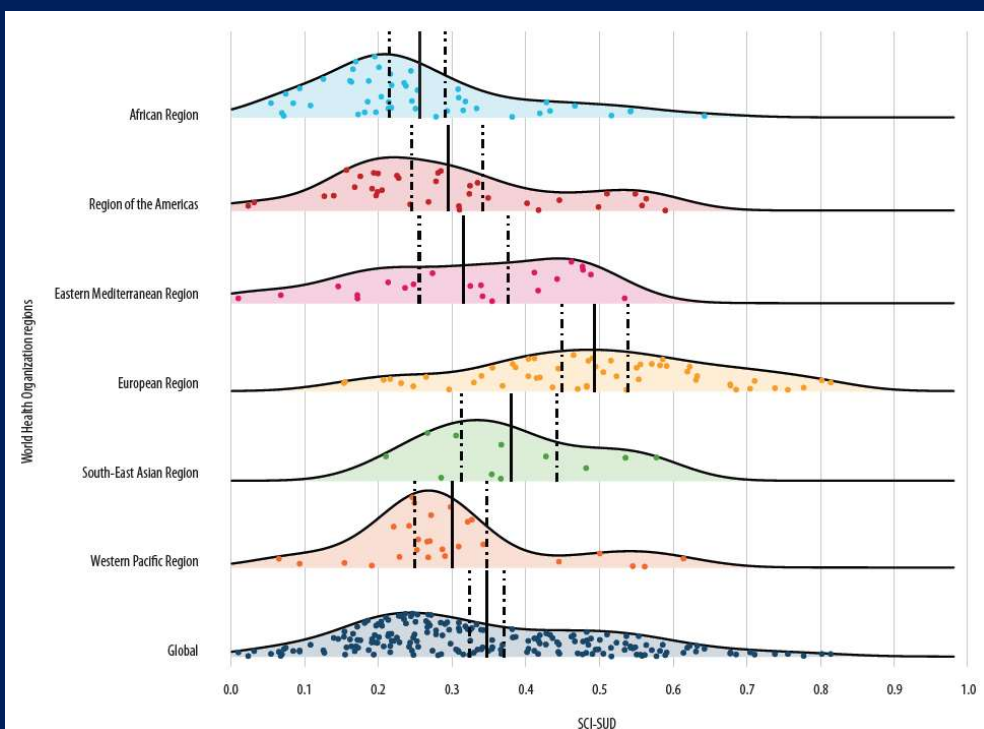
WHO SU Service Coverage and Capacity Index (SCI)

➤ 300 indicators



| DOMAINS | SUB-DOMAINS | |
|---------------------------------------|---|---|
| I. Service delivery | 1. Screening and brief interventions | 4. Psychosocial treatment |
| | 2. Non-structured services | 5. Pharmacological treatment |
| | 3. Specialized treatment services | 6. Rehabilitation programmes |
| | 7. 5-year progress with the service delivery | |
| II. Health workforce | 1. Availability and quantity of specialized human workforce | 3. Maximum level of educational attainment |
| | 2. Access to continuing professional development | 4. System of ongoing support for health workforce |
| | 5. 5-year progress in the availability and capacity of health workforce | |
| III. Health information system | 1. Data on prevalence of SU/SUD | 3. Data on service utilization |
| | 2. Data on service provision | 4. 5-year progress in the development of health information system |
| IV. Access to medicines | 1. Registered in the country | 4. Provided for free in public health care sector |
| | 2. Included in national essential list | 5. Included in basic insurance package |
| | 3. Included into national treatment guidelines | 6. Quantitative data available |
| | 7. 5-year progress in availability of medications | |
| V. Financing | 1. Info on governmental expenditures | 2. Information on governmental support |
| | 3. 5-year progress in the level of governmental expenditures for treatment of SUD | |
| VI. Governance | 1. Having national policy for developing services | 5. Having national guidelines for treatment of SUD |
| | 2. Having national action plan | 6. Having national system of accreditation of facilities |
| | 3. Having national legal regulation | 7. Human right protection/monitoring mechanism |
| | 4. Having proper governance | 8. 5-year progress in national policy, plan, treatment standards/guidelines |

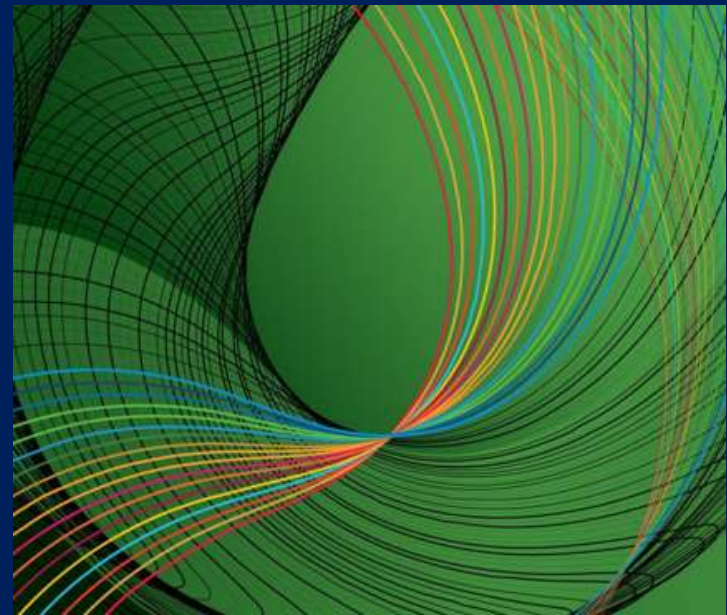
Service Capacity Index for Substance Use Disorders (SCI-SUD)



$$\text{Service capacity} = \frac{\text{number of service elements available}}{\text{maximum possible number of elements}}$$

Worldwide service capacity for substance use disorders varies significantly between countries ranging from 1% to 80% of maximum theoretically possible elements for the treatment of substance use disorders

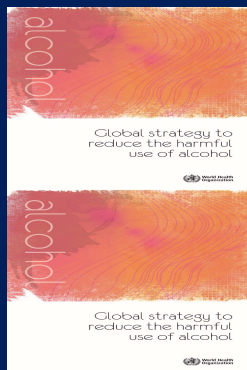
2. Reducing alcohol related harm



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Global policies and commitments to address alcohol's harm

2010



Global strategy to reduce the harmful use of alcohol



World Health Organization

2013



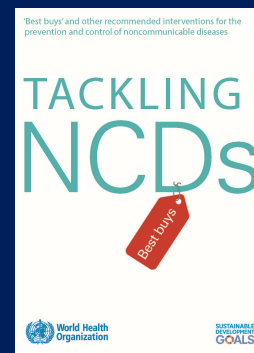
NCD Action Plan and Global Monitoring Framework

2015



UN SDG 2030

2017



NCD-GAP List of cost-effective interventions (Appendix 3)

2018



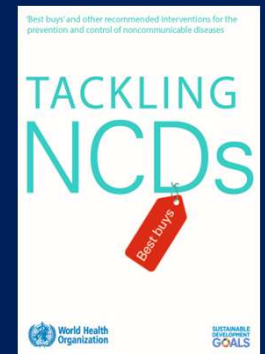
SAFER-initiative

2022



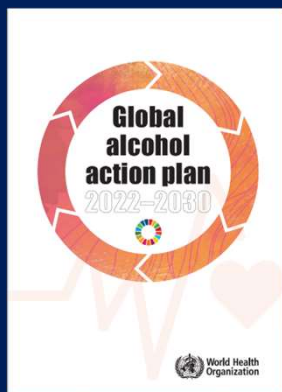
Global Alcohol Action Plan (2022-2030)

2023



NCD-GAP Revised list of cost-effective interventions (Appendix 3)

Global alcohol
action plan
(GAAP)
2022-2030:
operational
objectives



- **Scale up high-impact strategies** to reduce alcohol harm
- **Strengthen leadership and multisectoral action**
- **Expand prevention and treatment capacity (UHC)**
- **Raise awareness** of alcohol risks and harms and effective policies
- **Strengthen information systems, data, monitoring, and research use** and dissemination/application of information
- **Increase sustainable funding and resources**

International regulatory frameworks

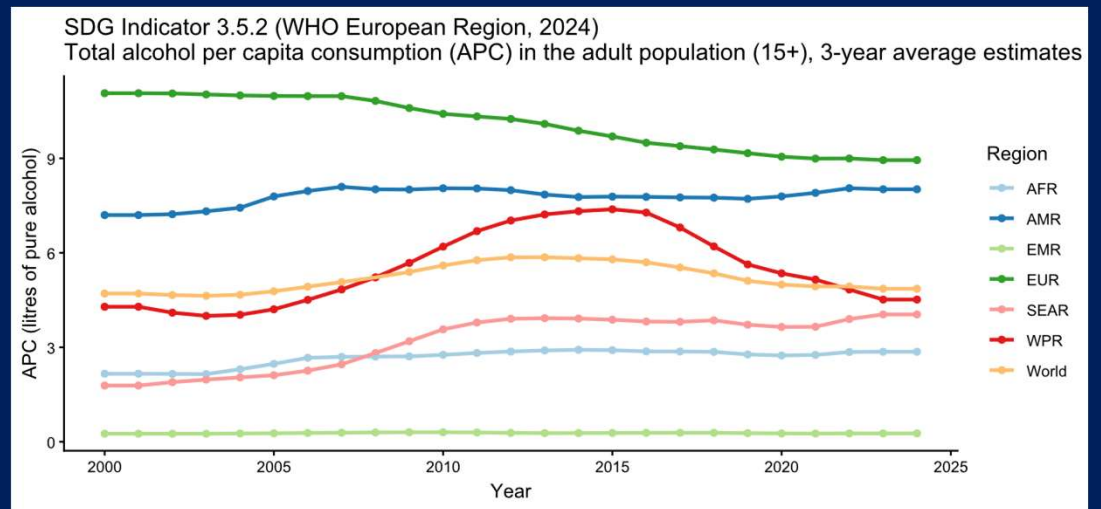
Box 1.1 International regulation of psychoactive substances with a significant impact on the health of populations

| Psychoactive substances | Existing international legally binding treaties | Number of countries that ratified the treaties as of 2023 |
|---|---|---|
| Narcotic drugs (cocaine, cannabis, heroin) | Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol | 186 |
| Psychotropic medicines (belonging to classes of benzodiazepines, amphetamines or opioids) | Convention on Psychotropic Substances, 1971 | 184 |
| Narcotic drugs and psychotropic substances | United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988 | 191 |
| Nicotine and tobacco products | Framework Convention on Tobacco Control (FCTC) | 182 |
| Alcohol and alcoholic beverages | None | N/A |

Alcohol is the only psychoactive substance that exerts a significant impact on global population health, but is not regulated at the international level by legally-binding regulatory instruments.

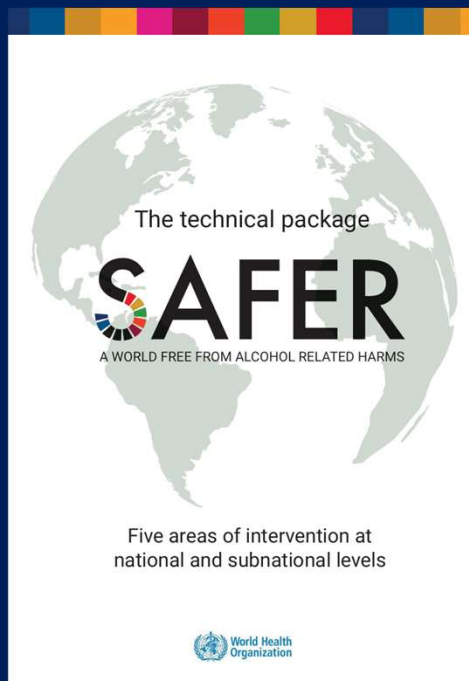
The world is making steady but uneven progress in reducing alcohol consumption (2024)

- Globally, total APC declined by 13% from 5.6 litres in 2010 to 4.9 litres in 2024.
- While the WHO European Region had the highest APC at 8.9 litres per capita in 2024, it has also declined by 14% since 2010.



- In the Western Pacific Region, APC has decreased by 27% since 2010.
- In the South-East Asia Region, APC has increased by 11% since 2010.
- The Region of the Americas has remained quite stable at a high level, and the African and Eastern Mediterranean Regions have also remained quite stable.

Operationalizing the Global Alcohol Action Plan at country level



Strengthen restrictions on alcohol availability



Advance and enforce drink-driving counter measures



Facilitate access to screening, brief interventions and treatment

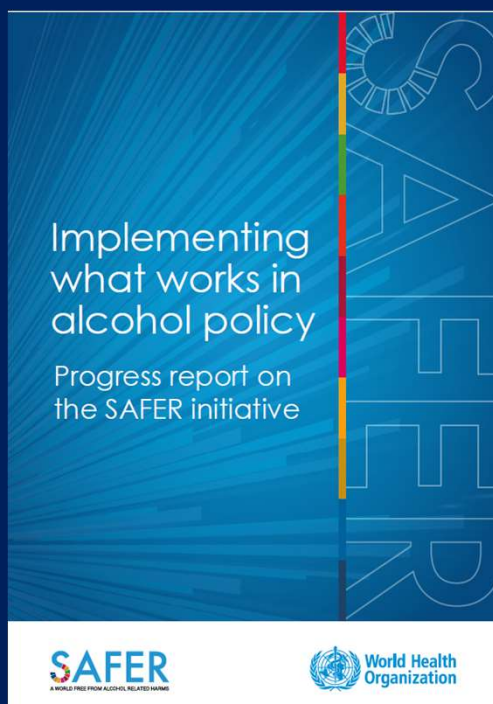


Enforce bans or comprehensive restrictions on advertising, sponsorship, and promotion



Raise prices on alcohol through excise taxes and pricing policies

SAFER progress report: 2017-2025



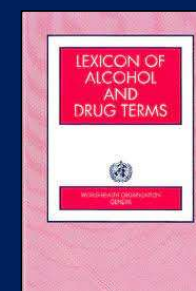
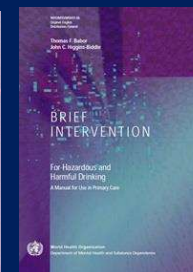
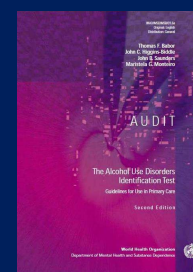
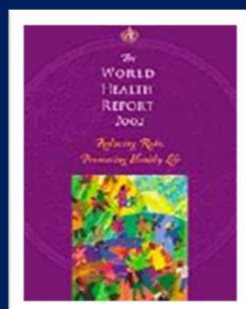
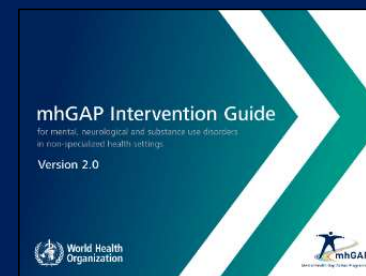
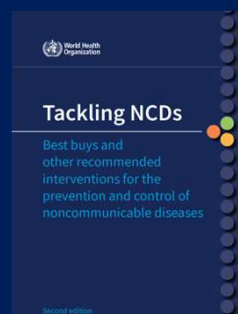
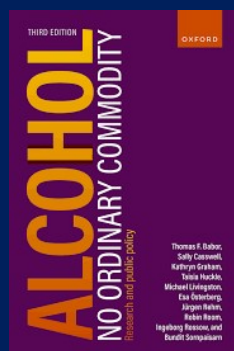
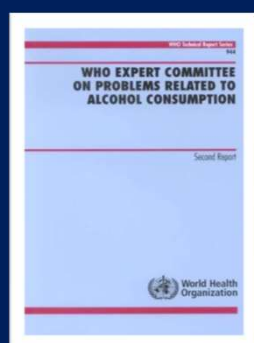
Launch on 26 June 2026!



- **SAFER technical packages and guidance** outline ways in which countries can implement the high-impact strategies through the 5 SAFER interventions.
- **The global SAFER initiative** is a partnership between WHO, UNIATF, UNDP and civil society organizations to advocate for and facilitate implementation of the SAFER interventions at country level.
- **National and local SAFER initiatives** are established and led by countries and other local actors to structure national and subnational implementation of the SAFER interventions.
- **Many different entities** can support implementation of SAFER and the SAFER technical packages at national and subnational levels.



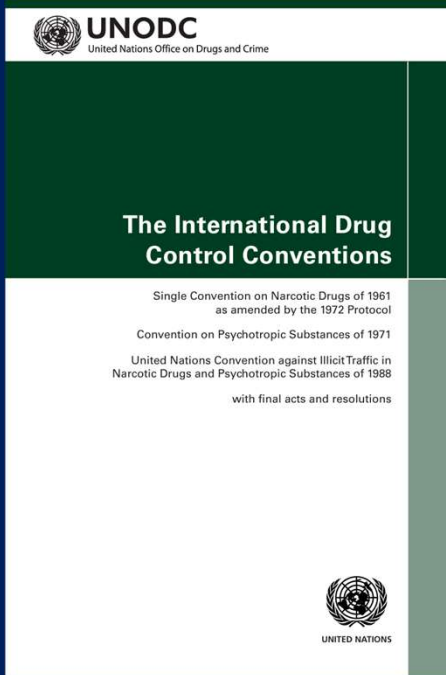
Selected technical publications: alcohol



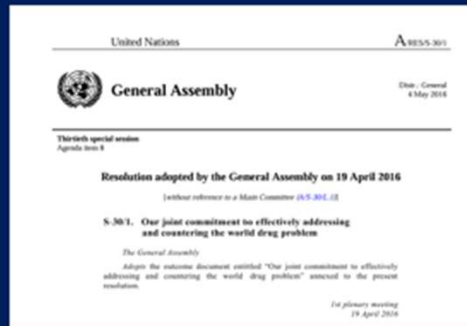
2. Reducing drug related burden



Selected global mandates



1961, 1971 , 1988
and CND resolutions



UNGASS 2016



- WHA42.20 (1989)
- WHA43.11 on reduction of demand for illicit drugs (1990)
- WHA70/29 (2017) - Report
- WHA70(18) (2017) - Decision
- WHA75/43 - Report
- WHA75(20) -Decision

Public health dimension of the world drug problem



Prevalence and number of people using drugs

People who use drugs, 2023

316
million people

↑ **28%**
over 10 years



cannabis
244
million



opioids
61
million



amphetamines
31
million

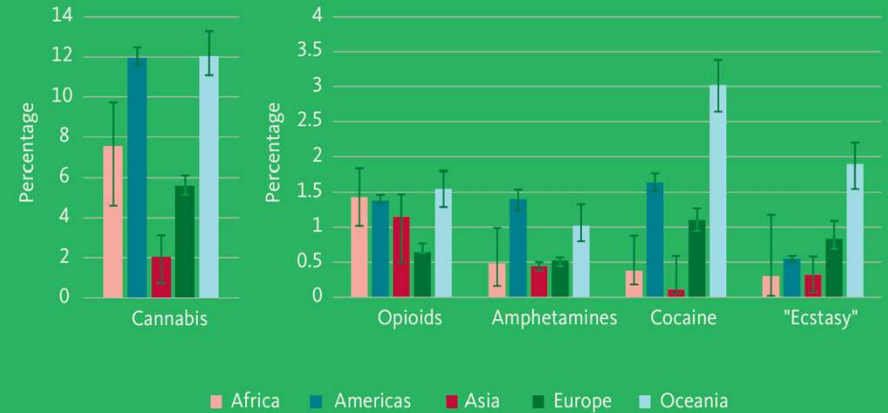


cocaine
25
million

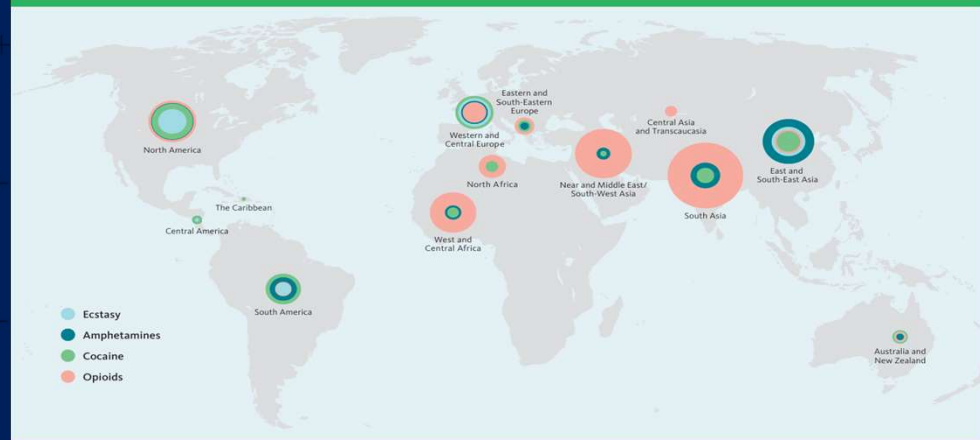


"ecstasy"
21
million

ANNUAL PREVALENCE OF DRUG USE, BY DRUG AND BY REGION, 2023

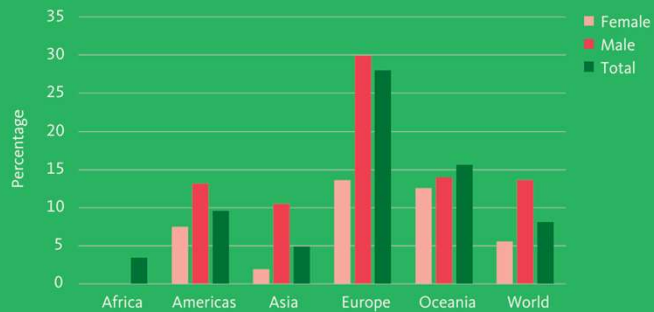


ESTIMATED NUMBER OF PEOPLE WHO USE OPIOIDS, AMPHETAMINES, COCAINE AND "ECSTASY", BY SUBREGION, 2023



Treatment of drug use disorders

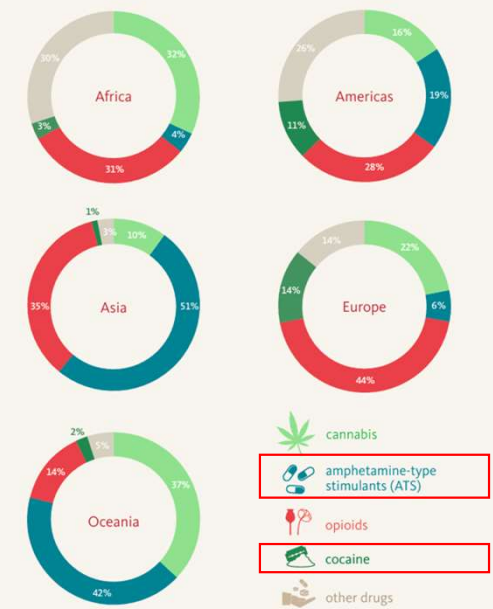
ESTIMATED PROPORTION OF PEOPLE WITH DRUG USE DISORDERS THAT RECEIVE TREATMENT, BY REGION AND SEX, 2023



People with drug use disorders, 2023

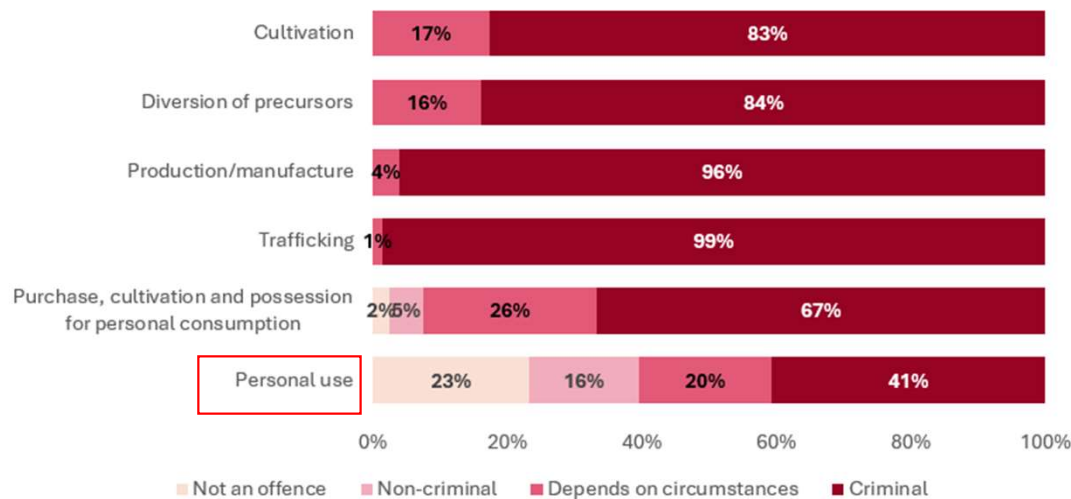


Primary drug of people in treatment, 2023



Meanwhile.....

Percentage of reporting countries that criminalize specific drug-related activities, 2020

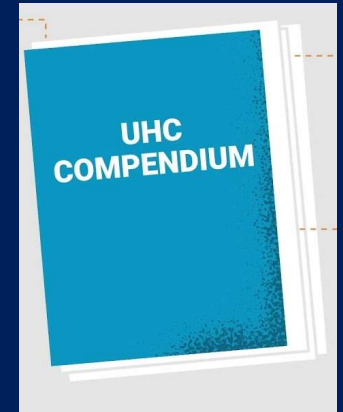
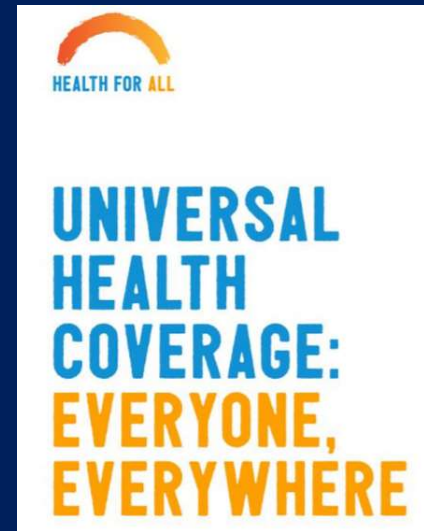


.....personal use/possession drives criminal justice contacts

SUD must be part of Universal Health Coverage

Universal Health Coverage:

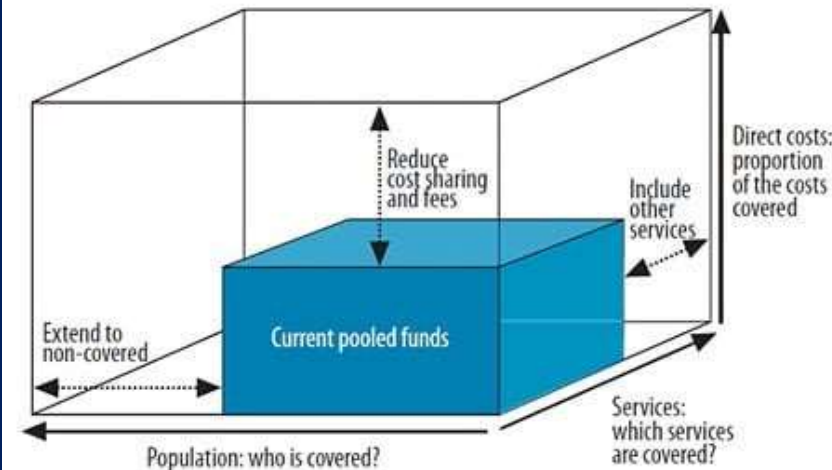
all people receive the quality health services they need, when and where they need them, without financial hardship, across the entire continuum of care and the life course.



Substance use disorder treatment from a UHC perspective means ensuring that everyone can access a full continuum of effective, evidence-based services—without financial hardship—integrated into the health system



World Health Organization



International Standards for the treatment of drug use disorders (upcoming: implementation toolkit)

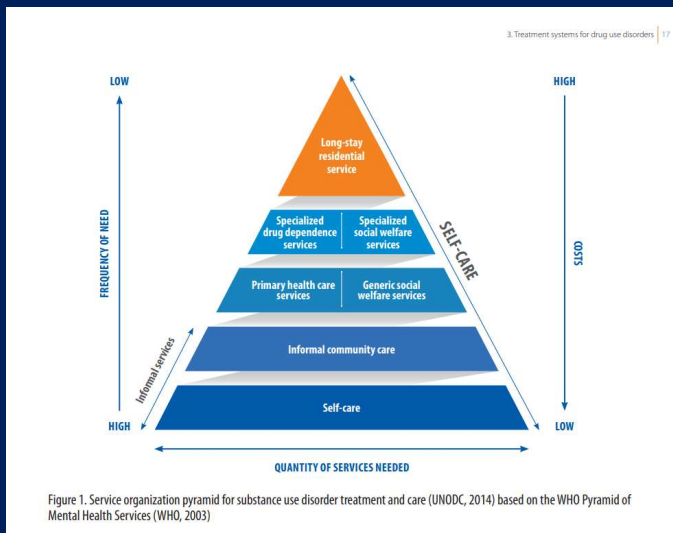
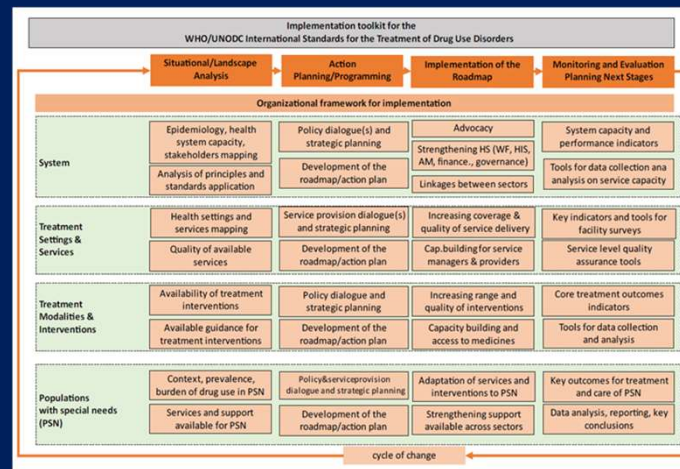


Figure 1. Service organization pyramid for substance use disorder treatment and care (UNODC, 2014) based on the WHO Pyramid of Mental Health Services (WHO, 2003)



THE STANDARDS

International standards for the treatment of drug use disorders

REVISED EDITION
INCORPORATING RESULTS OF FIELD-TESTING

World Health Organization
UNODC
United Nations Office on Drugs and Crime

2020

System perspective & continuum of care



WHO guidelines for treatment of opioid use disorders and prevention of opioid overdose (2024-2026)

Overall aim: to *improve availability and access to treatment of opioid dependence and reduce the number of deaths due to opioid overdose* by providing evidence-based recommendations

Areas to be updated:

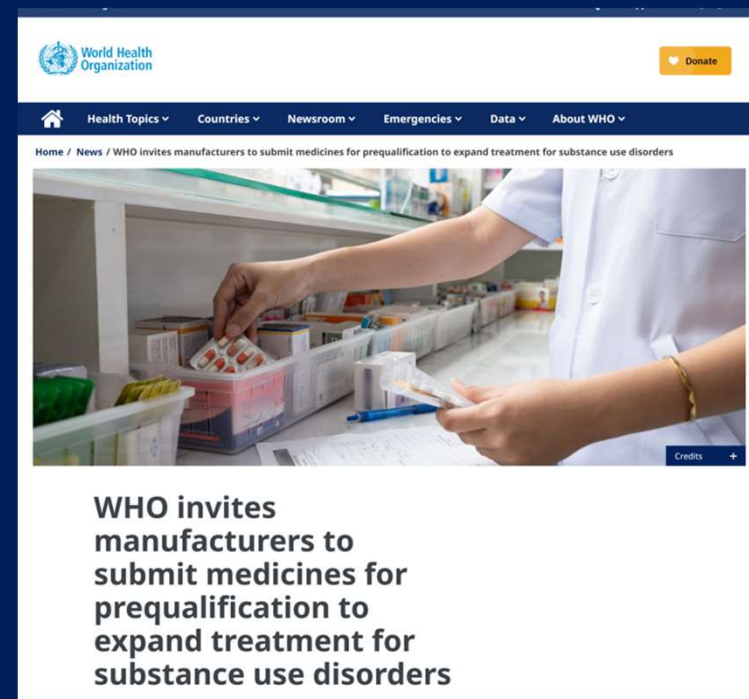
- Psychosocially assisted pharmacotherapy (comparative effectiveness of different medications: methadone, buprenorphine, naltrexone, extended-release formulations, short-acting opioids, α_2 agonists + psychosocial support and naloxone for overdose)
- Intervention delivery channels (models/methods/settings to facilitate access to treatment on-site/virtually, transfer between medications)



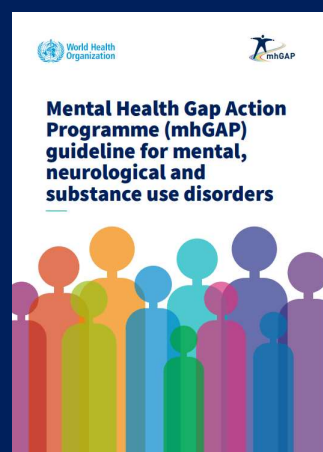
First new recommendation published as rapid communication in 2026 (LADB, conditional): Global Fund procurement requests possible

1st Invitation for prequalification of SUD medications (2026)

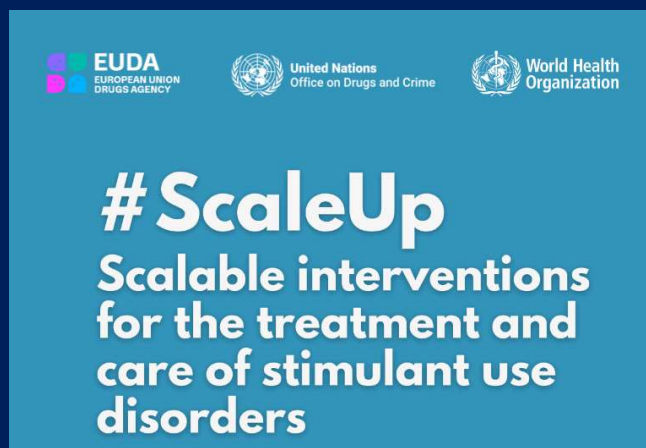
- WHO has issued its first invitation to manufacturers of medicinal products for the treatment of substance use disorders to submit Expressions of Interest (EOIs) for evaluation under the WHO Prequalification Programme.
- Initially for methadone and buprenorphine (sublingual) for opioid dependence treatment, and naloxone for emergency management of opioid overdose.
- To expand access to quality-assured medicines by enabling their assessment against WHO standards of safety, efficacy and quality.



Public health priority: management of stimulant use disorders (2027)



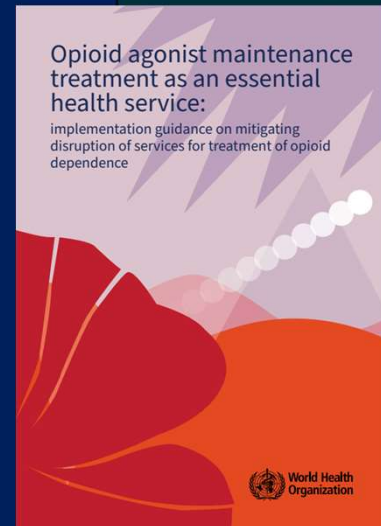
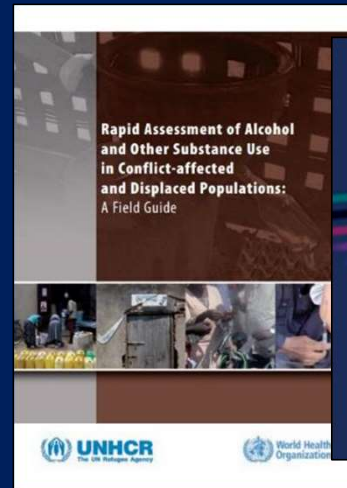
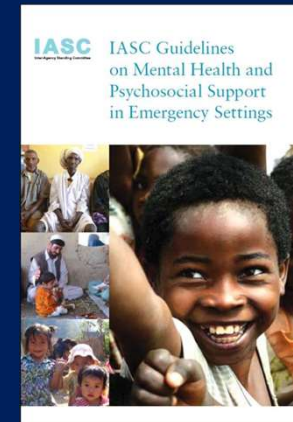
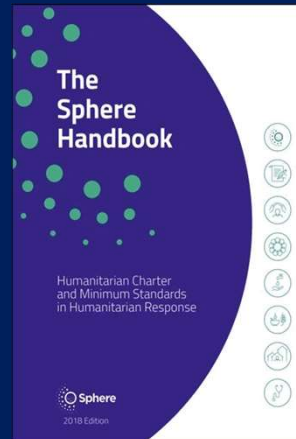
(2023)



- **Landscape analysis:** Identify and characterize all the products that exist or are being developed in a specific topic area, identify gaps and inform research agenda
- **WHO Product profile:** significant **unmet health need** for the product in question, and the product profile preferences promote the development of products with high public health impact and suitable for use in LMIC

Addressing substance use in humanitarian settings & during service disruptions

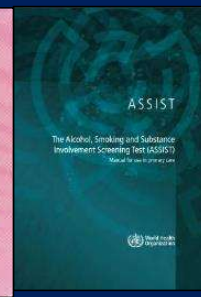
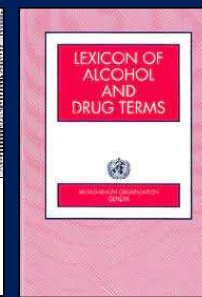
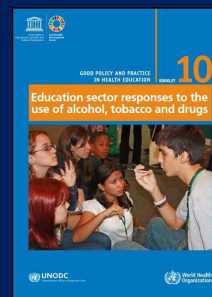
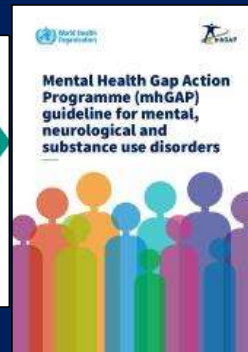
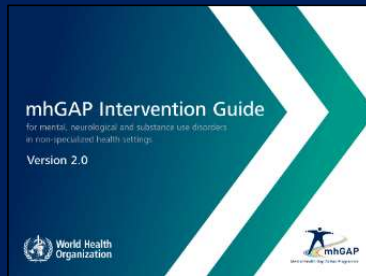
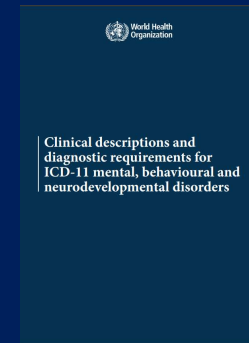
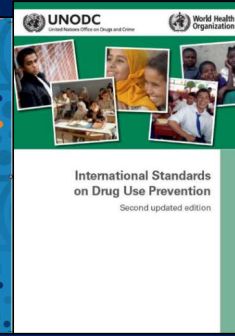
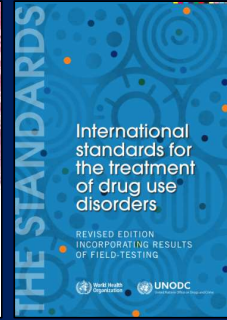
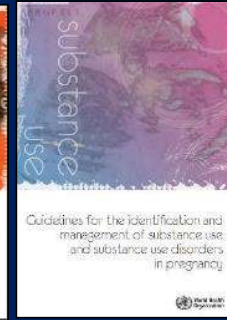
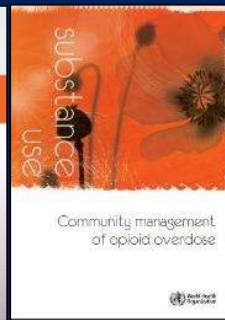
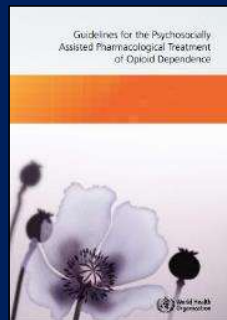
Thematic Group Substance Use in Humanitarian Settings (IASC Reference Group MHPSS): Upcoming capacity building materials for community workers (2026)



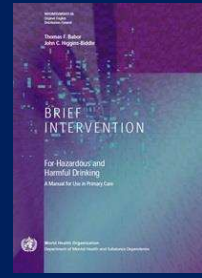
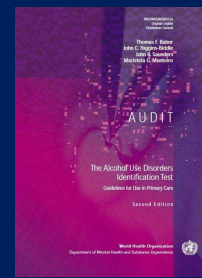
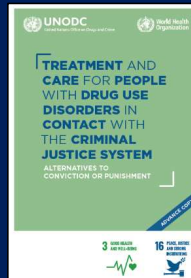
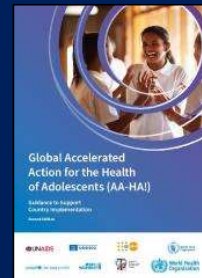
2025



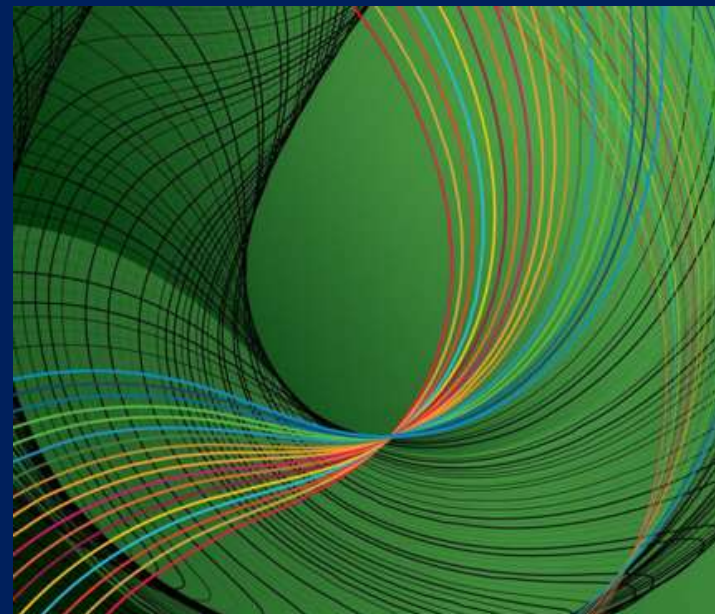
Selected technical publications: substance use



**TOGETHER FOR HEALTH.
STAND WITH SCIENCE.**



4. Addictive behaviours



Mandates: Addictive behaviours



SEVENTY-SEVENTH WORLD HEALTH ASSEMBLY
Agenda item 15.3

WHA77.12
1 June 2024

**Strengthening health and well-being
through sport events¹**

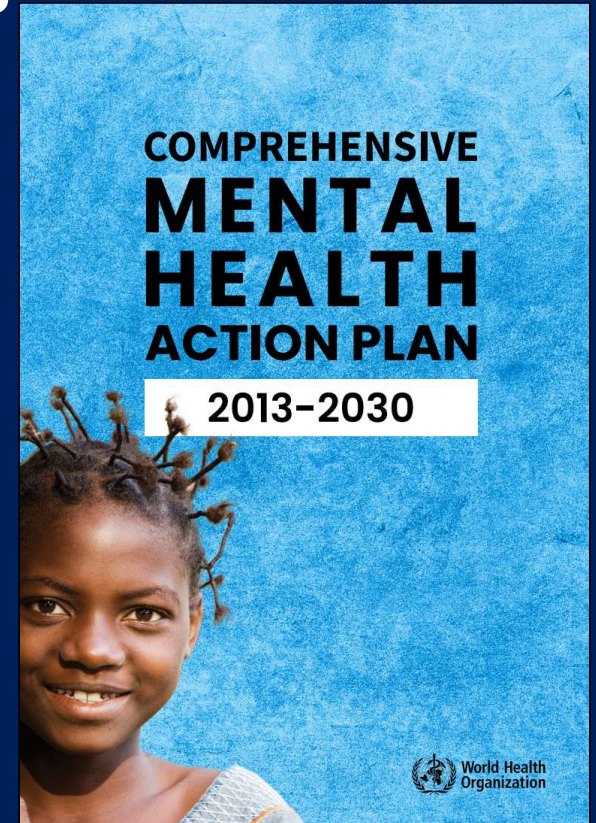
*“and to minimize the negative
consequences of gambling to
health and well-being”*

SEVENTY-SECOND WORLD HEALTH ASSEMBLY
Agenda item 12.7

WHA72.15
28 May 2019

**Eleventh revision of the
International Classification of Diseases**

Includes now
disorders due to
addictive
behaviours
including gaming
and gambling
disorder



“Pathological gambling” (F63) ICD-10



Prevalence estimates

Gambling and gaming disorder

*Available estimates suggest that around 1.2% of the world's adult population has a **gambling disorder** – but impact is much broader*

*Research suggests that **gaming disorder** affects 1-2% of the general population, higher among males, younger players (adolescents)*



**World Health
Organization**

Quoted from: WHO. Clinical descriptions and diagnostic requirements for ICD-11 mental, behavioural and neurodevelopmental disorders (CDDR) (2024) & WHO Gambling factsheet (2024)

WHO Global Survey 2025: module on addictive behaviours

- Data collected from Focal points in Ministries of Health in 115 Member States

| WHO REGION | Submitted Responses | Response Rate |
|------------------------------|---------------------|---------------|
| African Region | 20/47 countries | 42.5% |
| Region of the Americas | 22/35 countries | 62.8% |
| Eastern Mediterranean Region | 16/21 countries | 76.2% |
| European Region | 39/45 countries | 86.7% |
| South-East Asia Region | 4/11 countries | 36.3% |
| Western Pacific Region | 14/27 countries | 51.8% |
| TOTAL | 115/186 | 61.8% |

WHO Global Survey 2025: module on addictive behaviours

- Unpublished WHO data collected from focal points in Ministries of Health in 115 Member States

| DATA ON PREVALENCE | GAMBLING | GAMING |
|---|---|---|
| National or subnational surveys in <u>adult populations</u> on disorders due to addictive behaviours since 2018 | YES, national: 29% YES, subnational: 7% NO: 63% | YES, national: 15% YES, subnational: 1.7% NO: 83% |
| National or subnational surveys in <u>youth populations</u> on disorders due to addictive behaviours since 2018 | YES, national: 27% YES, subnational: 9.5% NO: 63% | YES, national: 22.6% YES, subnational: 7.8% NO: 70% |
| Availability of national data on <u>prevalence</u> of disorders due to addictive behaviours within 5 years | YES: 29% NO: 71% | YES: 13% NO: 87% |

WHO Global Survey 2025: module on addictive behaviours

- Unpublished data collected from focal points in Ministries of Health in 115 Member States

| POLICY RESPONSES | GAMBLING | GAMING |
|--|--|---------------------------------|
| Any <u>age-restrictions</u> on gambling | YES: 80% NO: 15% | NA |
| Gambling outlets' <u>locations</u> restrictions | YES: 66% NO: 26% | NA |
| Gambling outlets' <u>density</u> restrictions | YES: 51% NO: 37% | NA |
| Legally binding restrictions on <u>advertisements</u> | YES: 35% NO/NO RESPONSE: 65% | YES: 16% NO/NO RESPONSE: 84% |
| Legally-binding restrictions on industry <u>sponsorships</u> | YES: 43% NO/NO RESPONSE: 57% | YES: 30% NO/NO RESPONSE: 70% |

WHO Global Survey 2025: module on addictive behaviours

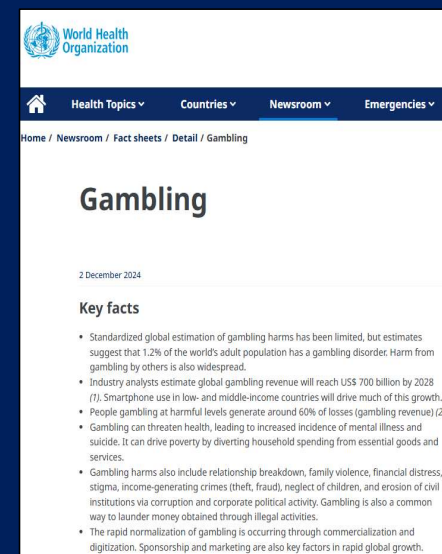
- Unpublished data collected from focal points in Ministries of Health in 115 Member States

| HEALTH SYSTEM RESPONSES | GAMBLING | GAMING |
|---|-------------------------------|-------------------------------|
| <u>National policy or action plan</u> for developing treatment services for disorders due to AB | YES: 30% NO: 70% | YES: 16% NO: 78% |
| Availability of <u>specialized treatment</u> services for people with disorders due to AB | YES: 29% NO/almost NO: 65% | YES: 24% NO/almost NO: 66% |
| If services are available, persons pay mostly (≥50%) or entirely <u>out of pocket</u> for service | YES: 25% | YES: 25% |
| National guidelines/standards of treatment | YES: 20% NO: 76% | YES: 14% NO: 82% |

Public health responses to gambling - factsheet

Universal, population-wide public health approaches are required to prevent gambling harm. These include:

- ending gambling advertising, promotion and sponsorship of sports and other cultural activities;
- universal account registration with binding pre-commitment and effective self-exclusion tools;
- product safety measures including universal loss limits, maximum bet sizes and required breaks in gambling sessions;
- effective regulation of gambling providers, including well-resourced enforcement activities;
- addressing gambling industry corporate political activity and influence on research; and
- counter-messaging that conveys warnings about harms associated with gambling products.
- More effective health system responses, including at primary health care
- Reducing stigma and shame experienced by those harmed by gambling
- Stronger **data and research** including surveillance systems



(2024)

Intersectoral and international coordination and action needed

Inclusion into ICD-11



Clinical descriptions and diagnostic requirements for ICD-11 mental, behavioural and neurodevelopmental disorders

Disorders due to substance use or addictive behaviours

Disorders due to substance use

6C40 Disorders due to use of alcohol

Substance classes

6C41 Disorders due to use of cannabis

6C42 Disorders due to use of synthetic cannabinoids

6C43 Disorders due to use of opioids

6C44 Disorders due to use of sedatives, hypnotics or anxiolytics

6C45 Disorders due to use of cocaine

6C46 Disorders due to use of stimulants, including amfetamines, methamphetamine and methcathinone

6C47 Disorders due to use of synthetic cathinones

6C48 Disorders due to use of caffeine

6C49 Disorders due to use of hallucinogens

6C4A Disorders due to use of nicotine

6C4B Disorders due to use of volatile inhalants

6C4C Disorders due to use of mdma or related drugs, including mda

6C4D Disorders due to use of dissociative drugs, including ketamine and phencyclidine (PCP)

6C4E Disorders due to use of other specified psychoactive substances, including medications

6C4F Disorders due to use of multiple specified psychoactive substances, including medications

6C4G Disorders due to use of unknown or unspecified psychoactive substances

6C4H Disorders due to use of non-psychoactive substances

6C4Z Disorders due to substance use, unspecified

Diagnostic requirements for disorders due to substance use

Episode of harmful psychoactive substance use

Harmful pattern of psychoactive substance use

Substance dependence

Substance intoxication

Substance withdrawal

Substance-induced mental disorders

Substance-induced delirium

Substance-induced psychotic disorders

Substance-induced mood disorders

Substance-induced anxiety disorders

Substance-induced obsessive-compulsive and related disorders

Substance-induced impulse control disorders

Substance-induced mental disorders listed in other groupings

Other specified disorder due to psychoactive substance use

Disorders due to psychoactive substance use, unspecified

6C4H Disorders due to use of non-psychoactive substances

6C4Z Disorders due to substance use, unspecified

Hazardous substance use

QE10 Hazardous alcohol use

QE11 Hazardous drug use

QE12 Hazardous nicotine use

Disorders due to addictive behaviours

6C50 Gambling disorder

6C51 Gaming disorder

6C5Y Other specified disorder due to addictive behaviours

6C5Z Disorder due to addictive behaviours, unspecified

Hazardous gambling or betting and hazardous gaming

QE21 Hazardous gambling or betting

QE22 Hazardous gaming



World Health Organization

Diagnostic Interview Schedule for Disorders due to Addictive Behaviours (DISDAB)

Current Addiction Reports (2019) 6:331–337
<https://doi.org/10.1007/s40429-019-00262-2>

ICD-11 (D KING, S HIGUCHI AND V POZNYAK, SECTION EDITORS)



Epidemiological Challenges in the Study of Behavioral Addictions: a Call for High Standard Methodologies

Hans-Jürgen Rumpf¹ · Dominique Brandt¹ · Zsolt Demetrovics² · Joël Billieux³ · Natacha Carragher⁴ · Matthias Brand⁵ · Henrietta Bowden-Jones⁶ · Afarin Rahimi-Movaghar⁷ · Sawitri Assanangkornchai⁸ · Renata Glavak-Tkalic⁹ · Guilherme Borges¹⁰ · Hae-Kook Lee¹¹ · Florian Rehbein¹² · Naomi A. Fineberg¹³ · Karl Mann¹⁴ · Marc N. Potenza¹⁵ · Dan J. Stein¹⁶ · Susumu Higuchi¹⁷ · Daniel King¹⁸ · John B. Saunders¹⁹ · Vladimir Poznyak²⁰

ADDICTION

SSA SOCIETY FOR THE STUDY OF ADDICTION

LETTER TO THE EDITOR | Free Access

Brief overview of the WHO Collaborative Project on the Development of New International Screening and Diagnostic Instruments for Gaming Disorder and Gambling Disorder

Natacha Carragher Joël Billieux, Henrietta Bowden-Jones, Sophia Achab Marc N. Potenza, Hans-Jürgen Rumpf, Jiang Long Zsolt Demetrovics, Douglas Gentile ... [See all authors](#)

First published: 09 December 2021 | <https://doi.org/10.1111/add.15780> | Citations: 9

?Full Text provided by your WHO Libraries?

- Multiple calls for **international standardised** instrument for disorders due to addictive behaviours
- WHO Collaborative Project on the Development of New International Screening and Diagnostic Instruments for Gaming Disorder and Gambling Disorder (since 2017)
- WHO Informal Expert Group drafted both instruments, through 10 steps.
- Currently the protocol for international validation study is in the process of development
- Tentatively centers in > Sites in 25 countries expressed an interest
- The first protocol meeting took place in December 2025 in Istanbul, Turkiye

Upcoming: Addictive behaviours

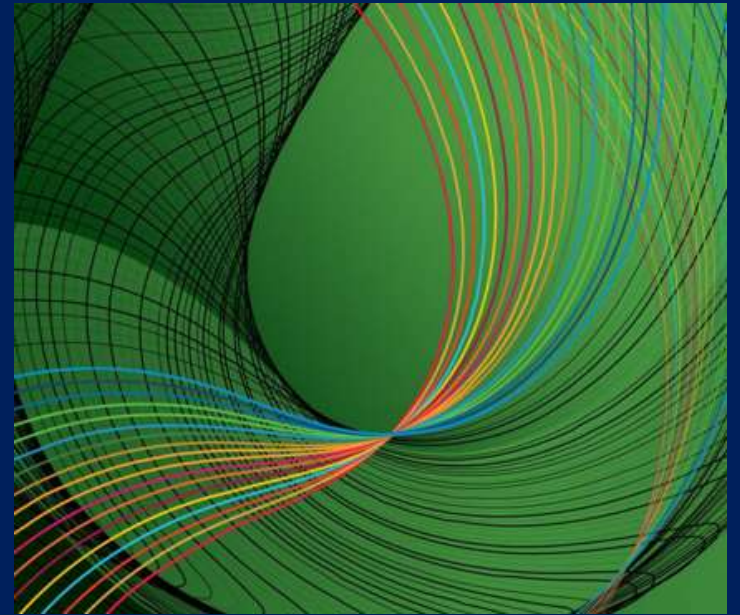


- Data analysis and release : WHO Global Survey (2025/2026)
- WHO Technical Brief on Gambling and Gambling Disorders (2026)
- WHO Factsheet on gaming (2026)
- International validation and release of DISDAB (2026-2027)

- WHO Report on public health dimensions of video games
- WHO policy briefs on video games for parents and caregivers, educators, policymakers, researchers, clinicians, health and social care providers
- WHO Guidelines on prevention and treatment of disorders due to addictive behaviours (...?)

Development of the area pending additional funding

4. Final reflections and key messages



World Health
Organization

Policy & global context

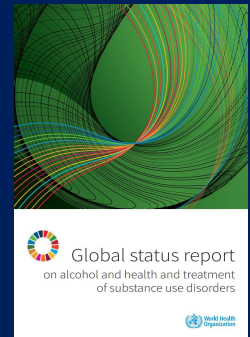
- Stronger attention to commercial determinants of health is critical
- Alcohol remains without legally binding regulation globally despite major health impact
- Need to move substance use disorders “out of the shadows” and shift from punitive approaches → public health (UHC) & rights-based responses
- Growing demand for action on addictive behaviours (especially digital environments), but limited mandates and funding

Services & systems

- Massive treatment gap persists for substance use disorders: Requires strengthened efforts for integration into Universal Health Coverage (UHC)
- Focus on scaling what works, not only innovation while adapting to changing patterns and new contexts (e.g. synthetic drugs, digital environments, humanitarian emergencies))

Key messages for accelerating progress towards the attainment of SDG health target 3.5 by 2030

- **Coordinated global advocacy** campaign
- Strengthen **capacity of health and social care systems**
- Accelerate **training of health professionals** at all levels
- Implementation of the **Global alcohol action plan**
- Accelerate **international efforts on capacity-building** and knowledge transfer
- Actively engage and **empower civil society** organizations, professional associations and people with lived experience
- Improve multi-level **monitoring system** and corresponding research capacity
- Scale up **resource mobilization and allocation** and innovative funding mechanisms to strengthen the capacity of health and social systems



In an interconnected and globalized world, no one country or one sector can address all existing and emerging challenges alone



Thank you for your attention!

Alcohol, Drugs and Addictive Behaviors Team

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